



Report to the Legislature

Determining the Value of Opiate Substitution Treatment

RCW 70.96A.420(4)

December 2001

Department of Social and Health Services
Health and Rehabilitative Services Administration
Division of Alcohol and Substance Abuse
Post Office Box 45330
Olympia, Washington 98504-5330
(360) 438-8200
Fax: (360) 438-8078



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ACKNOWLEDGMENTS

Data for this report were compiled and graphics were prepared by:

Brent Baxter, Ph.D., University of Washington, Alcohol and Drug Abuse Institute

Executive Summary and Findings were written by:

David H. Albert, Senior Planning and Policy Analyst, Division of Alcohol and Substance Abuse

The following staff from the Division of Alcohol and Substance Abuse contributed to this report:

Doug Allen

Stan Kowalkowski

Fritz Wrede

Data from the following opiate substitution treatment programs are included in this report:

King County

Evergreen Treatment Services (3 clinics)

Ron Jackson, Executive Director

Therapeutic Health Services (2 clinics)

Norman Johnson, Director

Western Clinical Health Services

Arlene Stiles, Administrator

Pierce County

Tacoma-Pierce County Department Treatment Services (2 clinics)

Marc Marquis, Administrator

Spokane County

Alcohol/Drug Network

Nancy Echelbarger, Administrator

Yakima County

Central Washington Comprehensive Mental Health

Judy Newland, Supervisor – Addiction Services

Table of Contents

	Page
Executive Summary	1
Findings	9
Part 1 – Supporting Tables/Charts/Statewide Analysis	17
• Table 1 – Patient/Treatment Characteristics (statewide)	21
• Criminal Arrest Charts	29
• Health Care Utilization Charts	33
• Public Assistance Charts	39
• Employment Status Charts	43
• Heroin Use Charts	47
• Supplementary Charts (By Length of Treatment)	55
• Supplementary Analysis: Comparison of Opiate Users in Opiate Substitution Treatment with Opiate Users in "Drug Free" Treatment	75
• Table 2 – Intergroup Differences in Patient/Treatment Characteristics of Opiate Users (by Treatment Modality)	78
Part 2 – Supporting Tables/Charts/Analyses by Program	81
• Determining the Value Opiate Substitution Treatment – Provider-Level Data	87
• Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)	89
• Alcohol/Drug Network	117
• Central Washington Comprehensive Mental Health	133
• WCHS – Federal Way Clinic	149
• Evergreen Treatment Services	159
• Tacoma-Pierce County Treatment Services	199
• Therapeutic Health Services	231
• Voluntary vs. Involuntary Discharges	263

EXECUTIVE SUMMARY

This report, “Determining the Value of Opiate Substitution Treatment,” is the eighth in a series of annual outcome reports related to the delivery of opiate substitution services in Washington State. This report fulfills the legislative requirement contained in Substitute Senate Bill (SSB) 5417 [now RCW 70.96A.420(4)], enacted in the 2001 Legislative Session to provide an “outcome analysis” of programs providing opiate substitution treatment. It is prepared under the auspices of the Department of Social and Health Services (DSHS), Division of Alcohol and Substance Abuse (DASA) as part of its continuing efforts to monitor the quality of care and evaluate the cost effectiveness of providing alcohol and drug treatment services.

1. The Problem Defined

The White House Office of National Drug Control Policy estimates there are as many as 980,000 people addicted to heroin nationwide.¹ (Heroin addiction is the most common form of opiate addiction.) Most do not receive any kind of treatment. The financial costs of untreated heroin addiction to individuals, family, and society are estimated by the National Institutes of Health at approximately \$20 billion each year.²

People with chronic heroin addiction pose a significant public health risk to our communities. Because the large majority are injection drug users, people with chronic heroin addiction are more likely to contract and spread HIV and hepatitis B and C. The federal Centers for Disease Control and Prevention estimate that injection drug users (most of whom are heroin users), their sexual partners, and their offspring account for approximately 35% of new HIV infections each year.³ Chronic heroin users are more likely to engage in criminal activity, and place increased strain upon public resources through expenditures for welfare costs, emergency room and hospital admissions, and psychiatric hospitalizations. The rate of heroin-related deaths in King County grew more than 170% from 1990 to 1998. In 1998, there were more unintentional opiate overdose deaths in King County (140) than traffic deaths (119).⁴

It should be noted, however, that heroin-related deaths in King County have declined approximately 30% since 1998, to 99 in 2000. Emergency room mentions of heroin/morphine have similarly declined. This is at least partially due to public health measures adopted by city and county government to address heroin addiction. King County authorized a 50% expansion in the number opiate substitution treatment slots, and authorized a mobile methadone clinic. The number of treatment admissions for heroin increased from 1,140 in 1998 to 2,101 in 2000.⁵ The County has also provided preventive and limited substance-abuse treatment services in the local criminal justice system, and expanded the availability of drug-free housing for individuals in

¹ Office of National Drug Control Policy, *The National Drug Control Strategy: 2000 Annual Report*, p. 16. Washington, DC: Office of the White House, 2000.

² National Institutes of Health, *Effective Medical Treatment of Heroin Addiction: NIH Consensus Statement 1997*. November 17-19, 1997 15(6).

³ Centers for Disease Control and Prevention. (1998). HIV/AIDS Surveillance Report. Atlanta, GA: U.S. Department of Social and Health Services, Public Health Service.

⁴ Solet, D., Hagan, H., Nakagawara, J., Plough, A., and Ball, J. “Unintentional Opiate Overdose Deaths – King County, 1990-1999. *Morbidity and Mortality Weekly*, 49:29, pp. 636-640.

⁵ Community Epidemiology Work Group. (June 2001). Recent Drug Abuse Trends in the Seattle-King County Area. Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse.

recovery. But there is still a waiting list of 500-600 people in King County at the Seattle Needle Exchange who have requested treatment, but are unable to access it because of limited treatment capacity and sources of funding.⁶

2. Treatment Works

Opiate substitution treatment has scientifically been shown to work. By far the most common form of opiate substitution treatment is methadone therapy. In its 1999 National Drug Control Strategy, the White House Office of National Drug Control Policy called methadone therapy “one of the longest-established, most thoroughly evaluated forms of drug treatment.”⁷ A Consensus Panel convened by the National Institutes of Health in 1997 concluded that, “Methadone treatment significantly lowers illicit opiate drug use, reduces illness and death from drug use, reduces crime, and enhances social productivity.”⁸ The 12-member Panel strongly recommended broader access to methadone maintenance treatment programs for people addicted to opiates, and that federal and state regulations and other barriers impeding this access be eliminated. A 1998 review by the U.S. General Accounting Office found that methadone therapy helps keep 179,000 addicts off heroin, off welfare, and on the tax rolls as law abiding, productive citizens.⁹

Opiate substitution is one form of treatment on a continuum of care for heroin addiction. Detoxification, drug-free treatment, counseling, support groups, and life skills training – including vocational rehabilitation -- combined with newer medications and methadone maintenance treatment constitute the continuum of care used to address opiate addiction in the U.S. today.

3. Situation in Washington State Today

It is estimated that approximately 38,000 Washington State residents have been dependent upon opiates during their lifetime.¹⁰ As of January 1, 2001, 2,951 individuals were receiving opiate substitution treatment for heroin addiction. Of these, 1,865 (63.2%) were publicly funded.¹¹

Opiate substitution treatment clinics have been operating in Washington State for more than 25 years. As of December 2001, there are 11 opiate substitution treatment clinics operating in four counties in Washington State. Six fixed locations and one mobile clinic are in King County, two of which serve only private-pay patients. In addition, there is a pilot program at Harborview Medical Center through which physicians provide opiate substitution treatment to clinically stable patients. Pierce County has two clinics, and Spokane and Yakima Counties each have one.

⁶ See Public Health – Seattle & King County (August 2001). *Heroin Task Force Report: Confronting the Problem of Heroin Abuse in Seattle and King County*.

⁷ *National Drug Control Strategy 2000*, p. 57.

⁸ *Effective Medical Treatment of Heroin Addiction*.

⁹ *National Drug Control Strategy 2000*, p. 57.

¹⁰ Kohlenberg, E., Yette, R., and Mack, C. *Needs Assessment Data Project Report: Division of Alcohol and Substance Abuse, Fiscal Year 1990*. Olympia, WA: Department of Social and Health Services, Office of Research and Data Analysis, Planning, Research and Development, 1992.

¹¹ Treatment and Assessment Report Generation Tool (TARGET), Department of Social and Health Services, Division of Alcohol and Substance Abuse, 2001.

Clark County contracts with an opiate substitution treatment program in Portland, Oregon to serve its residents.

Until passage of SSB 5417, Washington law limited the number of patients who can be treated at each clinic to no more than 350. Counties now have the option of lifting this lid on enrollment. In King County, it is estimated that there are between 15,000-20,000 injection drug users, 70% of whom are chronic heroin users and could benefit from treatment.¹² In addition, people with chronic heroin addiction living in rural and even some urban areas have to travel six days a week to King, Pierce, Yakima, or Spokane Counties or to Portland to access treatment. There are waiting lists, sometimes longer than six months, for the publicly funded slots at each of the operating clinics, preventing treatment at that critical juncture when addicted individuals are prepared to access it.

4. Public Costs of Opiate Substitution Treatment

In 2000, \$4,988,594 in public funds was expended for opiate substitution treatment: \$3,296,960 were federal funds; \$1,791,644 were state funds, expended from the VRDE (Violence Reduction Drug Enforcement) Act account.

5. Key Policy Questions

In order to evaluate the value of opiate substitution treatment, the Division of Alcohol and Substance Abuse posed two policy questions that form the core of this report:

- Does opiate substitution treatment contribute to reducing the negative consequences of opiate addiction related to crime, health problems, employment, and reliance on public assistance programs?
- Does opiate substitution treatment support the Department of Social and Health Services' mission by assisting individuals in achieving safe, self-sufficient, healthy, and secure lives?

6. Methodology

Findings in this report were based on a sample of 1,089 publicly funded and private-pay patients discharged from opiate substitution treatment in Washington State between January 1, 2000 and December 31, 2000. The analyses of patient characteristics and outcomes were conducted by Brent Baxter, Ph.D., of the Alcohol and Drug Abuse Institute, University of Washington, based on data gleaned from the TARGET system.

The typical patient in this sample was almost 40 years old and Caucasian. More than 35% had children under age 18, with more than one fifth having children in the home. There were approximately equal numbers of males and females among publicly funded patients, while about two-thirds of private-pay patients were male. At treatment admission, most patients were using multiple drugs, with over half of publicly funded patients using cocaine as well as heroin.

¹² Heroin Task Force Report, p. 10.

In attempting to answer the key policy questions, changes in patients' drug use and lifestyles were analyzed by comparing significant variables in the 12-month period prior to treatment and during treatment itself. For some variables, such as those measuring employment status, the comparison points were the patient's condition at treatment admission and at discharge.

7. *Core Findings*

In assessing changes in the lives of patients included in the sample, data were analyzed for publicly funded and private-pay patients. Some secondary analysis was conducted comparing outcomes for those in treatment less than one year and those in treatment one year or longer. (Similar analyses were conducted based upon each of the treatment programs providing services to patients included in the study, and are detailed following the statewide results.)

- Publicly Funded and Private-Pay Patients

The most extensive set of analyses compared changes in status and outcomes among publicly funded and private pay patients. Results demonstrated substantial improvements in patients' lives and in costs borne by communities, regardless of the funding source for treatment.

	<u>Publicly Funded</u>	<u>Private Pay</u>
	(n=726)	(n=363)
Drug offense arrests were reduced by:	52%	77%
Property crime arrests were reduced by:	56%	78%
Overall arrests declined by:	43%	72%
Medical hospital admissions were reduced by:	55%	76%
Emergency room visits decreased by:	58%	75%
Major health care service utilization dropped by:	46%	65%
Psychiatric hospitalization declined by:	25%	67%
Public assistance utilization was reduced by:	7%	14%

These data are consistent with national studies and findings in Management Reports for prior years.

- Shorter- and Longer-Term Treatment

Secondary analyses compared changes in frequency in heroin use among publicly funded opiate substitution patients before treatment and at discharge for those in treatment less than one year

and those in treatment one year or longer. No use of heroin in the month prior to discharge was reported by 18% of publicly funded patients in treatment less than a year, but increased to 43% among publicly funded patients in treatment one year or longer. Daily heroin use for publicly funded patients in treatment less than a year declined from 89% at admission to 19% at discharge. Daily heroin use for publicly funded patients in treatment for at least one year was reduced from 77% to 20% at discharge. Similar improvements were found in arrests among longer-term patients, regardless of treatment funding source. The percentage of patients in treatment more than a year who experienced a criminal arrest dropped 76% for publicly funded and 72% for private-pay patients.

8. Voluntary vs. Involuntary Discharges

As required under RCW 70.96A.420(4), an analysis was undertaken to determine the frequency with which opiate substitution treatment patients are discharged “involuntarily”, either for committing rule violations or because they were inappropriately admitted. Among the 1,089 patients in the current study, 54% of patients were discharged involuntarily, with considerable variation across funding sources and treatment programs. Logistical regression analysis indicated that, on average, patients who were involuntarily discharged were more likely to be older, female, and to have received publicly funded treatment.

9. Further Analysis

Two other sources of information were used that lend further confirmation to the results found in this report. A study of those admitted to opiate substitution treatment and either discharged or continuing to receive opiate substitution treatment is being conducted by the Washington State Outcomes Project, under the direction of Dr. Molly Carney, Alcohol and Drug Abuse Institute, University of Washington. Preliminary results from a sample taken between October 1999 and December 31, 2000 indicate that among those admitted to opiate substitution treatment, 55.0% were abstinent from heroin during the prior 30 days at the six-month follow-up. (None had been abstinent upon admission.) Over two-thirds (69.5%) were abstinent from heroin during the prior 30 days at the 12-month follow-up. Changes were found to be directly related to length-of-stay in treatment (longer courses of treatment resulting in better outcomes) and whether or not patients completed a 180-day treatment regimen.

Required urine samples from all opiate substitution treatment patients taken in 2000 were analyzed by Comprehensive Toxicology Services to see whether there were reductions in illicit drug use. Of 19,711 urine specimens that tested positive for methadone, only 1,929 (9.8%) were positive for other drugs. It should be noted that patients are required to provide more specimens in the early stages of the program, when they are less likely to be stabilized and drug-free.

10. Conclusions

As in previous reports, the findings contained in this report continue to demonstrate conclusively that opiate substitution treatment contributes to significant reductions in crime, utilization of acute health care and psychiatric services, and reliance on public assistance. Opiate substitution treatment programs are successful in mitigating the negative consequences of heroin addiction and helping patients achieve safe, secure, self-sufficient, and healthy lives. Publicly borne costs for major health care services, emergency room admissions, psychiatric hospitalizations,

criminal justice and incarceration, and welfare are substantially reduced as a result, and communities are safer, healthier places to live.

11. Substitute Senate Bill 5417

In recognition of the success of opiate substitution treatment in improving public health and safety, in 2001 the Washington State Legislature passed Substitute Senate Bill 5417. Under the new statute, county legislative authorities can no longer prohibit opiate substitution treatment programs in their jurisdiction. Instead, upon receiving an application for certification of an opiate substitution treatment program, DASA is required to consult with county and city legislative authorities, demonstrate a need in the community for such a program, and certify only as many program slots as can be justified by the need. Two public hearings must be held, and programs must be sited in accordance with appropriate county or city land use ordinances. Counties now have the authority to lift the lid of 350 participants per program. SSB 5417 also requires the annual creation of a report to include an “outcome analysis” of each treatment program.

12. Future Challenges

The National Institutes of Health Consensus Panel laid out four challenges for the future of opiate substitution programs:

- Making treatment as cost-effective as possible while maintaining and improving quality of care.
- Increasing the availability and variety of treatment services.
- Including and ensuring wide participation by physicians trained in substance abuse who will oversee medical care.
- Providing additional funding for opiate addiction treatment and coordinating these services with other necessary social services and medical care.

The data contained in this report suggest another challenge. Individuals who participate in treatment for periods of one year or longer experience substantially better outcomes than those who remain in treatment for shorter periods. Further analysis is necessary to determine whether finding ways to keep those who leave early for longer periods would result in better outcomes for them as well. It should be noted that the lack of currently available treatment slots and limited funding mean that for every publicly funded patient who remains in treatment longer, one less slot is available for someone awaiting treatment.

Several states have implemented physician-based opiate substitution treatment programs on a limited basis, and draft federal guidelines have been distributed for review. Federal and state statutes and regulations will need to be revised and implemented before the programs can be fully established. Such programs may be most appropriate for stable, long-term patients who no longer require extensive monitoring and intensive counseling services. The transfer of long-term, stable patients to physician-based programs would, in turn, free up badly needed resources and treatment slots in opiate substitution clinics.

Such a program is currently being piloted between Evergreen Treatment Services (ETS) and Harborview Medical Center, and shows great sign of promise. Beginning in January 2000, 30 patients who were clinically stable for at least one year were transferred to Harborview (10 in January, and the rest during the summer of 2000). They had each been receiving opiate substitution treatment for between two and 22 years, with a mean of ten years. Of these patients, 27 currently remain in the program after a year or more; one transferred to an opiate substitution treatment program in another state; one transferred back to the ETS mobile van program; and one died (cause of death was unrelated to drug use.) None was discharged from treatment because of rule violations related to drug use.¹³

A final challenge is finding ways to reduce demand for methadone maintenance treatment by intervening in the lives of patients before such treatment is needed. Opiate substitution treatment is for patients whose addiction has already become chronic. Earlier intervention with a full range of treatment and the use of newer and promising medications such as naltrexone and buprenorphine may prevent the need for opiate substitution and contribute to ensuring healthier individuals and healthier communities.

¹³ Joe Merrill, Harborview Medical Center. (2001). Personal communication, October 24, 2001.

Findings

Data Collection and Analysis

Data from opiate substitution treatment programs are entered into the state management information system called TARGET. Information from TARGET regarding 1,089 patients from ten treatment programs was analyzed to compare changes statewide in a series of criminal, social, health, and economic status indicators at patient discharge. Information was also analyzed to compare frequency of heroin use before entry into treatment and at discharge. Comparisons were made based on these indicators between those patients whose treatment was at least partially funded by DASA (identified as “publicly funded patients”) and those paying for treatment with their own private funds or through private insurance (identified as “private-pay patients.”) Secondary comparisons were also performed between those in treatment less than one year and those in treatment for longer than one year. Other studies and previous iterations of this report have indicated significant differences in outcomes for those in treatment for longer periods of time. These analyses are contained in Part 1 of this report.

Part 2 contains results similar analyses performed on data related to patients in each of the ten programs. Additional analyses undertaken of voluntary vs. involuntary discharges by provider and funding sources are also included in Part 2.

Patient and Treatment Characteristics

Of the 1,089 patients included in the study, 726 were publicly funded and 363 were private-pay. Table A-1 displays the demographic, drug-related, and treatment characteristics of patients included in the study. The average age of patients was just under 40, with a range from 17 to 70. Publicly funded patients were 51% male, while males accounted for 63% of private-pay patients. Some 21% of publicly funded and 19% of private-pay patients had children in their home, with about three-quarters of these homes having children under age 12. The overwhelming majority of both publicly funded (96%) and private-pay patients (94%) reported heroin as their primary substance of abuse. The average age of first use of heroin was between 23-24, suggesting that the average patient had been using heroin for as long as 16-17 years before current entry into opiate substitution treatment. All but 2% also abused other substances upon entry into treatment. Unlike what has been reported recently in other states, few patients (4%) were also users of amphetamines/methamphetamine.

A. Criminal Arrests -- “To what extent does opiate substitution treatment contribute to an overall reduction in criminal activity?”

Opiate addiction is a disabling condition that generally results in individuals being unable to maintain steady employment. To obtain money to purchase drugs necessary to maintain their addiction, individuals may resort to criminal activity. Data were compiled and analyzed to discover the extent to which opiate substitution treatment is effective in curbing criminal activity.

Charts A-1 for publicly funded patients and A-2 for private-pay patients indicate that individuals receiving opiate substitution treatment are much less likely to be arrested while they are in treatment than in the year prior to treatment. The percentage of publicly funded patients with one or more arrests dropped by 43% (from 37% of patients to 21%); the percentage with drug arrests declined by 52% (from 21% to 10%); and the percentage with arrests for property crimes dropped by 56% (from 9% to 4%). It is worth noting that domestic violence, violent crime, and drunken driving arrests among individuals receiving opiate substitution treatment are relatively uncommon, both before and during treatment.

The decline in arrests among private-pay patients (Chart A-2) is even more striking: the percentage of patients with any arrests dropped 72%. There is a 77% decline in the percentage of patients with arrests for drug offenses; and the percentage of patients with a property crime arrest dropped 78% while in treatment.

Secondary analyses indicate that the declines in criminal arrests for the overall sample of patients occur for those in treatment less than one year (47%), and are even greater for patients in treatment more than one year for as long as treatment is being accessed (67%). Supplementary Chart A-1 indicates that only 10% of patients receiving opiate substitution treatment for more than one year experience any arrest during their period of treatment. This is particularly noteworthy, as those discharged after more than one year remained in treatment for as long as 15 years (5,558 days) before discharge, with an average for publicly funded clients of more than two and half years (955.7 days).

These results indicate that opiate substitution treatment is associated with substantial reductions in criminal activity. Such treatment can play an important role in improving community safety and helping to curb the growth in jail/prison populations. This, in turn, has positive effects in controlling criminal justice costs to the taxpayer.

B. Utilization of Health Care Services -- “To what extent does opiate substitution treatment contribute to healthier lifestyles and result in reduced utilization of acute health care services?”

Individuals suffering from opiate addictions do not have healthy lifestyles and may experience numerous health-related problems requiring acute medical and psychiatric care. These may include infections, drug overdoses, and trauma, among others. Data were compiled and analyzed to determine whether opiate substitution treatment contributes to healthier lifestyles resulting in reduced utilization of acute health care services.

Charts B-1 and B-2 present data related to the utilization of acute health care services by patients during the year prior to treatment and during treatment, for publicly funded and private-pay patients respectively. Chart B-1 indicates that 50% of publicly funded opiate substitution patients required major medical treatment in the year prior to treatment. During treatment through discharge, the percentage of patients using major medical services dropped by 46%. Declines in percentages of patients visiting emergency rooms (58%) and patients being admitted to a medical inpatient facility (55%) were even greater. Use of psychiatric services also declined substantially during treatment, with the percentage of patients accessing inpatient psychiatric treatment dropping by 25%, and outpatient psychiatric treatment declining by 39%.

Chart B-2 indicates that reductions in acute health service utilization for private-pay patients were even steeper. The percentage of patients utilizing major medical services in the year prior to treatment was 49%. During opiate substitution treatment, which ranged from 1 to 5,558 days, the percentage of private-pay patients accessing major medical care services dropped by 65% (from 49% to 17%). The percentage of private-pay patients visiting emergency rooms declined by 75%, and the percentage of patients receiving inpatient medical admissions showed a 76% drop. Utilization of psychiatric health services showed similarly sharp declines.

Charts B-3 and B-4 display health care utilization rates (number per 1,000 patients per aggregate exposure month) for both publicly funded and private-pay patients before and during treatment. Reductions in all categories were significant, with drops of approximately two-thirds in medical inpatient and psychiatric inpatient days for publicly funded opiate substitution patients during treatment. Declines were even greater for private-pay patients. Secondary analyses demonstrate that these reduced acute health care service utilization percentages stabilize at still lower levels for patients who remain in treatment for one year or longer.

C. Public Assistance -- “To what extent does opiate substitution treatment reduce patients’ reliance upon public assistance?”

The addictive lifestyle of heroin users does not lend itself easily to economic self-sufficiency. Over the course of an average of more than 15 years of abuse, users are likely to become increasingly dependent upon public assistance programs to meet their basic economic needs. Data were compiled and analyzed to determine the extent to which opiate substitution treatment reduces patients’ reliance upon public assistance.

Some 60% of publicly funded patients who entered opiate substitution treatment programs were receiving some form of public assistance at treatment admission. Chart C-1 indicates that, of these patients, only 4% were TANF (Temporary Assistance for Needy Families) clients. The rest received Supplemental Security Insurance (20%); General Assistance-Unemployable (20%); Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) assistance (1%); or other General Assistance [related to pregnancy or presumptive disability, or only Medical Assistance] (15%). At time of discharge, 44% of patients were not receiving any form of public assistance, representing an increase of 10% over those not receiving public assistance at treatment admission.

This pattern of reduced utilization of public assistance between treatment admission and discharge was found in previous management reports. It has also been observed that many patients who remain on public assistance after admission to treatment enroll in vocational training or educational programs likely to enhance their ability to become more economically self-sufficient in the future.

D. Employment Status -- “To what extent does opiate substitution treatment stabilize patients so that they are more likely to become economically self-sufficient through employment?”

The lifestyle of people with chronic heroin addiction and health problems related to long-term addiction makes finding and maintaining employment difficult. Data were compiled and analyzed to discover the extent to which opiate substitution treatment stabilizes patients so that they are more likely to become economically self-sufficient through employment.

Charts D-1 and D-2 display levels of employment and disability among publicly funded and private-pay opiate substitution treatment patients at treatment admission and at discharge. At admission, only 13% of publicly funded patients were employed. Employment rose to 17% at treatment discharge, representing a 31% increase. More strikingly, Supplementary Chart D-2 shows employment among publicly funded patients in treatment one year or longer increased 46%, rising from 13% to 19%. However, these are lower levels than in previous studies, suggesting that opiate substitution treatment programs are now treating patients with increased disability, with publicly funded patients still having disabilities preventing work at discharge rising from 29% in the previous report to 36% in the 2000 Report, a 20% increase.

Chart D-2 indicates that the majority of private-pay patients receiving opiate substitution treatment were employed both at treatment admission and at discharge. When data related to publicly funded and private-pay patients receiving treatment for one year or longer are combined (Supplementary Chart D-1), it is found that at discharge a higher percentage of non-disabled patients were employed (48%) than were unemployed (41%).

E. Heroin Use -- “To what extent does opiate substitution treatment assist patients in achieving a drug-free lifestyle, or in reducing heroin use?”

The average heroin user comes to opiate substitution treatment with a long history of drug abuse and dependency. In fact, for the majority of patients – at an average age of almost 40 -- this drug abuse and dependence spans most of their adult lives. Clearly, effecting major changes in drug use, up to and including abstinence, may require significant, even radical changes in attitudes, daily habits and routines, social contacts, and living conditions, as well as a reduction in the drug-craving which is the hallmark of physical addiction. Data were compiled and analyzed to discover the extent to which opiate substitution treatment assists patients in achieving a drug-free lifestyle, or in at least reducing their heroin use.

Chart E-1 indicates that daily heroin use among publicly funded opiate substitution clients declined from 86% at treatment admission to 19% at discharge, representing a 78% drop. Those using heroin only 1-3 times in the past month increased from 4% to 14%. Those not using at all in the past month increased from 5% to 24%, representing a 380% increase. Chart E-3 indicates that reductions in use for publicly funded patients in treatment for one year or longer are as substantial. Those using heroin daily dropped from 77% at treatment admission to 20% at discharge, representing a 74% decline. The percentage of patients not using at all in the month prior to discharge rose from 13% to 43%, representing a 231% increase. It should be noted that abstinence rates for those remaining in treatment for one year or longer and *not discharged* may be even higher.

Heroin use is also substantially reduced among publicly funded patients who receive opiate substitution treatment for less than one year (treatment lasting, on average, 147 days). Chart E-4 indicates that daily heroin use among publicly funded patients in treatment less than a year declined from 89% to 19%, representing a 79% drop. The percentage of those using only 1-3 times in the month prior to discharge rose from 3% to 14%. The percentage of those with no use in the past month increased from 3% to 18%, representing a 500% rise. These numbers are quite striking, given that the most common reason patients leave opiate substitution programs is failure to comply with treatment protocols.

Similarly prominent declines in heroin use are found among private-pay patients. Chart E-2 indicates that the percentage of patients using heroin daily decreased from 91% at treatment admission to 22% at discharge, representing a 76% drop. The percentage of patients not using heroin at all in the month prior to discharge rose from 4% at treatment admission to 25% at discharge, representing a 525% increase. Chart E-5 indicates that among private-pay patients in treatment for one year or longer, the percentage of those who did not use heroin at all in the previous month rose from 6% at treatment admission to 36% in the month prior to discharge.

It is evident from these data that while opiate substitution treatment does not result in total abstinence from heroin by all patients, it does facilitate very substantial reductions in the frequency of heroin use. As made apparent by the previous findings, such reductions are associated with decreased criminal arrests, lower utilization of acute health care and psychiatric services, less reliance on public assistance, and increased employment. Declines in frequency of heroin use are also associated with lower rates of HIV, hepatitis B, hepatitis C, tuberculosis, and other communicable infections. Thus, it would appear that lower heroin use rates facilitated by opiate substitution treatment result in safer, healthier, and more economically vibrant communities.

Voluntary vs. Involuntary Discharges

As required by RCW 70.96A.420(4), an analysis was undertaken of voluntary vs. involuntary discharges by type of provider and funding source. Complete results are to be found in Table 4. Patients were considered to have been discharged “involuntarily” if they were removed from treatment due to violating rules or being inappropriately admitted. Among the study’s 1,089 patients discharged in 2000, 54% were discharged involuntarily.

Logistic regression analysis was also performed in order to determine if there were patient characteristics associated with involuntary discharge, regardless of treatment program. Results indicated that, on average, patients who were involuntarily discharged were more likely to be older, female, and to have received publicly funded treatment. It should be noted that this analysis does not account for patients admitted who continued to receive opiate substitution treatment after December 31, 2000.

Further Analysis – Washington State Outcomes Project

The analysis in this report is based upon those who were discharged from treatment in the year 2000. A study of those admitted to treatment and either discharged or continuing to receive opiate substitution treatment is being conducted by the Washington State Outcomes Project, under the direction of Dr. Molly Carney, Alcohol and Drug Abuse Institute, University of Washington.

Data were collected on 261 publicly funded patients receiving either methadone maintenance or drug-free outpatient treatment for heroin addiction between October 1999 and December 31, 2000. Findings are based on interviews and data gathered at point of admission, and then interviews conducted at various points of follow-up. Preliminary results indicate the following:

- Among those admitted to methadone maintenance treatment, 55.0% were abstinent from heroin during the prior 30 days at the six-month follow-up. (None had been abstinent upon admission. This percentage includes both those who were discharged from treatment and those who remained.)
- Among those admitted to methadone treatment, 69.5% were abstinent from heroin during the prior 30 days at the 12-month follow-up. (This percentage includes both those who were discharged from treatment and those who remained.)

Changes were found to be directly related to length-of-stay in treatment (longer courses of treatment resulting in better outcomes) and whether or not patients completed a 180-day treatment regimen.

- Among those admitted to and remaining in methadone maintenance treatment, those reporting no illicit drug use rose from 28.6% in weeks 1-4 to 55.7% in weeks 9-12.

While more analysis remains to be completed, it is clear that since remediation of the disease of heroin addiction for most patients requires significant changes in lifestyle as well as proper medication, duration in treatment is an important predictor of improved outcomes.

Further Analysis – Urine Screening

The success of opiate substitution treatment in reducing use of heroin and other illicit drugs is further confirmed by analysis of urine screenings required as a condition of program participation. Opiate substitution treatment programs had been required to take urine samples from patients a minimum of 12 times per year. (New federal regulations have reduced that to eight.) Samples were analyzed by Comprehensive Toxicology Services, which reported results back to the programs. Of 19,711 specimens tested in 2000 that were positive for methadone, only 1,929 (9.8%) were positive for other drugs. It should be noted that patients are required to provide more specimens in the early stages of the program, when they are less likely to be stabilized and drug-free. In addition those who test positive for illicit drugs while in opiate substitution treatment are required to submit samples more frequently. It is likely therefore that an even greater proportion of patients regularly submit drug-free urine samples.

Supplementary Analysis – Comparison of Patients Receiving Opiate Substitution Treatment with Opiate Users in “Drug-Free” Treatment

Supplementary analyses were performed to discover whether the characteristics of patients receiving opiate substitution treatment are different from those receiving “drug-free” treatment. The protocols for this analysis are set forth on pages 76-77. The comparison indicates that those receiving opiate substitution treatment were more likely to be older, non-white, and pregnant. They were less likely to be receiving psychiatric care, parenting, with a child in the home. They are also more likely to have had heroin as their primary drug of abuse; and have begun using heroin at an earlier age; used heroin in the month prior to treatment admission; and used heroin daily in the month prior to treatment admission.

Patients in opiate substitution treatment were much less likely to have been arrested in the year prior to treatment admission. This may reflect the policies of the criminal justice system (including drug courts) to refer people with chronic heroin addiction more often to “drug-free” treatment modalities.

Analysis of Individual Programs

Following the tables and graphs displaying statewide results in Part 1, Part 2 contains tables and graphs displaying outcomes for ten individual opiate substitution treatment programs:

- Alcohol/Drug Network (Spokane)
- Central Washington Comprehensive Mental Health (Yakima)
- Western Clinical Health Services (Federal Way)
- Evergreen Treatment Services – Primary Unit (Seattle)
- Evergreen Treatment Services – Unit 2 (Seattle)
- Evergreen Treatment Services – Unit 3 Mobile (Seattle)
- Tacoma-Pierce County Methadone Maintenance Program (Tacoma)
- Upper Tacoma Treatment Services (Tacoma)
- Therapeutic Health Services – Midvale (Shoreline)
- Therapeutic Health Services – Summit (Seattle)

Table 3 displays the distribution of patient/treatment characteristics by provider and funding source. Comparison between individual clinics or between an individual clinic and the statewide findings should be treated with caution, for several reasons: 1) findings regarding outcomes at an individual clinic may be based on a small number of cases; 2) there may be significant differences in patient characteristics among clinics; and 3) there may be differences in policies among clinics that could affect outcomes.

Summary

Data compiled and analyzed for this management report demonstrate conclusively that:

- Opiate substitution treatment contributes to reducing the negative consequences of opiate addiction related to crime, health problems, employment, and reliance on public assistance programs; and
- Opiate substitution treatment supports the Department of Social and Health Services’ mission by assisting individuals in achieving safe, self-sufficient, healthy, and secure lives.

Part 2

Supporting Tables/Charts/ Analyses by Program

Part 2

Supporting Tables/Charts/Analysis by Program

<u>Description</u>	<u>Number</u>	<u>Page(s)</u>
❑ Table 3: Distribution of Patient/Treatment Characteristics (By Provider and Funding Source)	Table 3	89
❑ Alcohol/Drug Network		
▪ Criminal Arrests Charts		
○ Publicly funded patients	Chart F-1	121
○ Private-pay patients	Chart F-2	122
▪ Health Care Utilization Charts		
○ Publicly funded patients	Chart F-3	123
○ Private-pay patients	Chart F-4	124
○ Publicly funded patients (rates)	Chart F-5	125
○ Private-pay patients (rates)	Chart F-6	126
▪ Public Assistance Charts		
○ Publicly funded patients	Chart F-7	127
○ Private-pay patients	Chart F-8	128
▪ Employment Status Charts		
○ Publicly funded patients	Chart F-9	129
○ Private-pay patients	Chart F-10	130
▪ Heroin Use Charts		
○ Publicly funded patients	Chart F-11	131
○ Private-pay patients	Chart F-12	132
❑ Central Washington Comprehensive Health		
▪ Criminal Arrests Charts		
○ Publicly funded patients	Chart G-1	137
○ Private-pay patients	Chart G-2	138
▪ Health Care Utilization Charts		
○ Publicly funded patients	Chart G-3	139
○ Private-pay patients	Chart G-4	140
○ Publicly funded patients (rates)	Chart G-5	141
○ Private-pay patients (rates)	Chart G-6	142
▪ Public Assistance Charts		
○ Publicly funded patients	Chart G-7	143
○ Private-pay patients	Chart G-8	144
▪ Employment Status Charts		
○ Publicly funded patients	Chart G-9	145
○ Private-pay patients	Chart G-10	146
▪ Heroin Use Charts		
○ Publicly funded patients	Chart G-11	147
○ Private-pay patients	Chart G-12	148
❑ WCHS – Federal Way Clinic		
▪ Criminal Arrests Chart		
○ Private-pay patients	Chart H-1	153
▪ Health Care Utilization Chart		

<u>Description</u>	<u>Number</u>	<u>Page(s)</u>
○ Private-pay patients	Chart H-2	154
○ Private-pay patients (rates)	Chart H-3	155
▪ Public Assistance Chart		
○ Private-pay patients	Chart H-4	156
▪ Employment Status Chart		
○ Private-pay patients	Chart H-5	157
▪ Heroin Use Charts		
○ Private-pay patients	Chart H-6	158
□ Evergreen Treatment Services		
□ Primary Unit		
▪ Criminal Arrests Charts		
○ Publicly funded patients	Chart I-1	164
○ Private-pay patients	Chart I-2	165
▪ Health Care Utilization Charts		
○ Publicly funded patients	Chart I-3	166
○ Private-pay patients	Chart I-4	167
○ Publicly funded patients (rates)	Chart I-5	168
○ Private-pay patients (rates)	Chart I-6	169
▪ Public Assistance Charts		
○ Publicly funded patients	Chart I-7	170
○ Private-pay patients	Chart I-8	171
▪ Employment Status Charts		
○ Publicly funded patients	Chart I-9	172
○ Private-pay patients	Chart I-10	173
▪ Heroin Use Charts		
○ Publicly funded patients	Chart I-11	174
○ Private-pay patients	Chart I-12	175
□ Unit 2		
▪ Criminal Arrests Charts		
○ Publicly funded patients	Chart J-1	179
○ Private-pay patients	Chart J-2	180
▪ Health Care Utilization Charts		
○ Publicly funded patients	Chart J-3	181
○ Private-pay patients	Chart J-4	182
○ Publicly funded patients (rates)	Chart J-5	183
○ Private-pay patients (rates)	Chart J-6	184
▪ Public Assistance Charts		
○ Publicly funded patients	Chart J-7	185
○ Private-pay patients	Chart J-8	186
▪ Employment Status Charts		
○ Publicly funded patients	Chart J-9	187
○ Private-pay patients	Chart J-10	188
▪ Heroin Use Charts		
○ Publicly funded patients	Chart J-11	189
○ Private-pay patients	Chart J-12	190
□ Unit 3		

<u>Description</u>	<u>Number</u>	<u>Page(s)</u>
▪ Criminal Arrests Charts		
○ Publicly funded patients	Chart K-1	193
▪ Health Care Utilization Charts		
○ Publicly funded patients	Chart K-2	194
○ Publicly funded patients (rates)	Chart K-3	195
▪ Public Assistance Charts		
○ Publicly funded patients	Chart K-4	196
▪ Employment Status Charts		
○ Publicly funded patients	Chart K-5	197
▪ Heroin Use Charts		
○ Publicly funded patients	Chart K-6	198
□ Tacoma – Pierce County Treatment Services		
□ Methadone Maintenance Program		
▪ Criminal Arrests Charts		
○ Publicly funded patients	Chart L-1	205
○ Private-pay patients	Chart L-2	206
▪ Health Care Utilization Charts		
○ Publicly funded patients	Chart L-3	207
○ Private-pay patients	Chart L-4	208
○ Publicly funded patients (rates)	Chart L-5	209
○ Private-pay patients (rates)	Chart L-6	210
▪ Public Assistance Charts		
○ Publicly funded patients	Chart L-7	211
○ Private-pay patients	Chart L-8	212
▪ Employment Status Charts		
○ Publicly funded patients	Chart L-9	213
○ Private-pay patients	Chart L-10	214
▪ Heroin Use Charts		
○ Publicly funded patients	Chart L-11	215
○ Private-pay patients	Chart L-12	216
□ Upper Tacoma Treatment Services		
▪ Criminal Arrests Charts		
○ Publicly funded patients	Chart M-1	219
○ Private-pay patients	Chart M-2	220
▪ Health Care Utilization Charts		
○ Publicly funded patients	Chart M-3	221
○ Private-pay patients	Chart M-4	222
○ Publicly funded patients (rates)	Chart M-5	223
○ Private-pay patients (rates)	Chart M-6	224
▪ Public Assistance Charts		
○ Publicly funded patients	Chart M-7	225
○ Private-pay patients	Chart M-8	226
▪ Employment Status Charts		
○ Publicly funded patients	Chart M-9	227
○ Private-pay patients	Chart M-10	228
▪ Heroin Use Charts		

<u>Description</u>	<u>Number</u>	<u>Page(s)</u>
○ Publicly funded patients	Chart M-11	229
○ Private-pay patients	Chart M-12	230
□ Therapeutic Health Services		
□ Midvale		
■ Criminal Arrests Charts		
○ Publicly funded patients	Chart N-1	237
○ Private-pay patients	Chart N-2	238
■ Health Care Utilization Charts		
○ Publicly funded patients	Chart N-3	239
○ Private-pay patients	Chart N-4	240
○ Publicly funded patients (rates)	Chart N-5	241
○ Private-pay patients (rates)	Chart N-6	242
■ Public Assistance Charts		
○ Publicly funded patients	Chart N-7	243
○ Private-pay patients	Chart N-8	244
■ Employment Status Charts		
○ Publicly funded patients	Chart N-9	245
○ Private-pay patients	Chart N-10	246
■ Heroin Use Charts		
○ Publicly funded patients	Chart N-11	247
○ Private-pay patients	Chart N-12	248
□ Summit		
■ Criminal Arrests Charts		
○ Publicly funded patients	Chart O-1	251
○ Private-pay patients	Chart O-2	252
■ Health Care Utilization Charts		
○ Publicly funded patients	Chart O-3	253
○ Private-pay patients	Chart O-4	254
○ Publicly funded patients (rates)	Chart O-5	255
○ Private-pay patients (rates)	Chart O-6	256
■ Public Assistance Charts		
○ Publicly funded patients	Chart O-7	257
○ Private-pay patients	Chart O-8	258
■ Employment Status Charts		
○ Publicly funded patients	Chart O -9	259
○ Private-pay patients	Chart O-10	260
■ Heroin Use Charts		
○ Publicly funded patients	Chart O -11	261
○ Private-pay patients	Chart O-12	262
□ Table 4: Voluntary vs. Involuntary Discharges: Discharge Type by Provider and Funding Source		265

DETERMINING THE VALUE OF OPIATE SUBSTITUTION TREATMENT – PROVIDER-LEVEL DATA

Part 2 of this report “Determining the Value of Opiate Substitution Treatment” addresses the same questions as Part 1, but from the perspective of individual providers rather than statewide. The objective is to address two key policy questions through an “outcome analysis” as required under RCW 70.96A.420(4):

1. Does opiate substitution treatment contribute to reducing the negative consequences of opiate addiction related to crime, health problems, employment, and reliance on public assistance programs?
2. Does opiate substitution treatment support the Department of Social and Health Services’ (DSHS) mission by assisting individuals in achieving safe, self-sufficient, healthy, and secure lives?

The first part of the report focused on statewide data gathered from a sample of 1,089 publicly funded and private-pay patients discharged from opiate substitution treatment in Washington State between January 1, 2000 and December 31, 2000. This second part of the report is based on the same data, but focuses on the outcomes of patients being treated in each of ten opiate substitution clinics. Both parts of the report address the same five questions in order to respond to the policy issues raised:

- To what extent does opiate substitution treatment contribute to an overall reduction in criminal activity?
- To what extent does opiate substitution treatment contribute to healthier lifestyles and result in reduced utilization of acute health care services?
- To what extent does opiate substitution treatment reduce patients’ reliance upon public assistance?
- To what extent does opiate substitution treatment stabilize patients so that they are more likely to become economically self-sufficient through employment?
- To what extent does opiate substitution treatment assist patients in achieving a drug-free lifestyle, or in reducing heroin use?

Caution in Interpreting Provider-Level Findings

The data and charts found in this report should be useful to individual providers by increasing understanding of the outcomes to patients based on the opiate substitution treatment services provided. Comparisons between individual clinics or between an individual clinic and the statewide findings should be treated with caution for the following reasons:

- *Findings may be based on a small number of cases.*

Some of the provider-level findings in this report are based on a fairly small number of cases, sometimes as low as 8 patients. A primary principle of sampling theory is that the smaller the size of a study sample, the more likely it is that the resulting findings represent a chance occurrence rather than a statistically likely event. Even when findings are based on an entire population rather than a sampling, such findings can be altered dramatically by a shift in the values of a few cases. Thus, provider-level findings based on smaller numbers of cases should be interpreted cautiously.

- *There may be differences between clinics in patient characteristics.*

Table 1 indicates the patient/treatment characteristics of those served in each clinic. In some cases, differences between individual clinics or between an individual clinic and state-level characteristics can be striking. These demographic differences and others not reported in this table (such as social/economic circumstances of patients, access to transportation, affordable drug-free housing, etc.) may significantly influence treatment outcomes.

- *There may be differences in policies among clinics.*

Policies at individual clinics can impact reported outcomes. For example, there is a wide variation in the average length of treatment for patients among clinics, a significant factor affecting patient outcomes. This may be influenced by demographic characteristics (as above), but also by the administrative policies of individual clinics.

Report Contents

What follows is a table indicating the distribution of patient/treatment characteristics of individuals in opiate substitution programs. These are broken out both by clinic and funding source (publicly funded vs. private-pay). This is followed by ten sets of charts – one set for each provider – indicating changes in patient behaviors, either from the year prior to treatment to the period of treatment, or from time of treatment admission to discharge. The five behaviors examined are: criminal activity; utilization of acute health care services; reliance upon public assistance; employment status; and reduction in heroin use. Taken together, the data clearly indicate the effectiveness of opiate substitution programs in supporting the DSHS mission by assisting individuals in achieving safe, self-sufficient, healthy, and secure lives.

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private-Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	8	15	22	30	0	50
PATIENT CHARACTERISTICS (at admission)								
Age								
• Mean	39.3	39.1	35.5	38.1	41.4	41.0	---	39.1
• Median	40	39	35	37	41.5	42.5	---	40.5
• Range	17 - 70	18 - 64	23 - 50	23 - 52	22 - 57	23 - 52	---	22 - 53
Gender								
• Male	369	229 (63%)	1 (13%)	10 (67%)	12 (55%)	14 (47%)	---	25 (50%)
• Female	(51%) 357 (49%)	134 (37%)	7 (88%)	5 (33%)	10 (45%)	16 (53%)	---	25 (50%)
Patient with Children Under Age 18 Living in Patient's Home ¹								
• Yes	152 (21%)	70 (19%)	4 (50%)	5 (33%)	5 (23%)	1 (3%)	---	10 (20%)
• No	573 (79%)	293 (81%)	4 (50%)	10 (67%)	17 (77%)	29 (97%)	---	40 (80%)
• Unknown	1 (0%)	---	---	---	---	---	---	---
Patient with Children Under Age 12 Living in Patient's Home ¹								
• Yes	128 (18%)	47 (13%)	4 (50%)	3 (20%)	5 (23%)	1 (3%)	---	7 (14%)
• No	598 (82%)	316 (87%)	4 (50%)	12 (80%)	17 (77%)	29 (97%)	---	43 (86%)
Patient with Children Under Age 18 ²								
• Yes	264 (36%)	139 (38%)	6 (75%)	10 (67%)	10 (45%)	15 (50%)	---	16 (32%)
• No	461 (63%)	224 (62%)	2 (25%)	5 (33%)	12 (55%)	15 (50%)	---	34 (68%)
• Unknown	1 (0%)	---	---	---	---	---	---	---
* Statewide figures may exceed sum of provider-level figures due to omission of one set of provider-level figures (for Evergreen Treatment Services - Unit 3: Private-Pay Patients) from table due to small sample size (n=3).								
¹ Patient's children or other's children living in patient's home.								
² Patient's children living in patient's home or elsewhere or other's children living in patient's home								

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	8	15	22	30	0	50
PATIENT CHARACTERISTICS (continued)								
Race/Ethnicity								
• White (and not Spanish/ Hispanic ethnicity)	500 (69%)	305 (84%)	8 (100%)	14 (93%)	18 (82%)	23 (77%)	---	41 (82%)
• Black/African- American	132 (18%)	24 (7%)	---	---	1 (5%)	1 (3%)	---	4 (8%)
• Native American/ Alaskan Native								
• Native American	41 (6%)	12 (3%)	---	1 (7%)	1 (5%)	1 (3%)	---	1 (2%)
• Eskimo/Alaskan Native	5 (1%)	1 (0%)	---	---	---	---	---	---
• Spanish/Hispanic								
• Mexican	12 (2%)	3 (1%)	---	---	---	2 (7%)	---	---
• Puerto Rican	2 (0%)	1 (0%)	---	---	---	---	---	---
• Cuban	1 (0%)	1 (0%)	---	---	---	---	---	---
• Other Spanish/Hisp. ethnicity (unspec.)	16 (2%)	7 (2%)	---	---	1 (5%)	2 (7%)	---	2 (4%)
• Asian/Pacific Islander								
• Filipino	3 (0%)	1 (0%)	---	---	---	---	---	---
• Japanese	1 (0%)	1 (0%)	---	---	---	---	---	1 (2%)
• Asian Indian	---	1 (0%)	---	---	---	---	---	---
• Laotian	---	1 (0%)	---	---	---	---	---	---
• Other Asian/Pacific Islander (unspec.)	6 (1%)	4 (1%)	---	---	1 (5%)	1 (3%)	---	1 (2%)
• Other race (unspecified)	6 (1%)	1 (0%)	---	---	---	---	---	---
• Unknown/Refused	1 (0%)	---	---	---	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	8	15	22	30	0	50
ABUSED SUBSTANCES (at admission)								
Primary Substance								
• Heroin	696 (96%)	341 (94%)	7 (88%)	12 (80%)	21 (95%)	29 (97%)	---	48 (96%)
• Opiates/synthetics other than heroin/ methadone	16 (2%)	10 (3%)	1 (13%)	2 (13%)	---	1 (3%)	---	---
• Prescribed methadone	4 (1%)	8 (2%)	---	---	---	---	---	2 (4%)
• Alcohol	5 (1%)	2 (1%)	---	---	---	---	---	---
• Cocaine/crack	2 (0%)	1 (0%)	---	---	---	---	---	---
• Benzodiazepines/ barbiturates/sedatives	2 (0%)	---	---	---	---	---	---	---
• Hallucinogens	1 (0%)	---	---	---	1 (5%)	---	---	---
• Non-prescribed methadone	---	1 (0%)	---	1 (7%)	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	8	15	22	30	0	50
ABUSED SUBSTANCES (continued)								
Secondary Substance								
• Cocaine/crack	363 (50%)	135 (37%)	2 (25%)	3 (20%)	9 (41%)	9 (30%)	---	18 (36%)
• Alcohol	108 (15%)	56 (15%)	---	---	2 (9%)	3 (10%)	---	2 (4%)
• Tobacco	97 (13%)	64 (18%)	2 (25%)	1 (7%)	4 (18%)	15 (50%)	---	8 (16%)
• Marijuana	43 (6%)	25 (7%)	1 (13%)	2 (13%)	1 (5%)	2 (7%)	---	6 (12%)
• Opiates/synthetics other than heroin/ methadone	40 (6%)	22 (6%)	2 (25%)	3 (20%)	3 (14%)	---	---	1 (2%)
• Benzodiazepines/ barbiturates/sedatives	24 (3%)	12 (3%)	---	1 (7%)	2 (9%)	---	---	3 (6%)
• Heroin	13 (2%)	14 (4%)	---	3 (20%)	---	---	---	2 (4%)
• Amphetamines/ methamphet./stimulant s	16 (2%)	8 (2%)	1 (13%)	2 (13%)	---	---	---	2 (4%)
• Prescribed methadone	9 (1%)	8 (2%)	---	---	---	---	---	5 (10%)
• Non-prescribed methadone	3 (0%)	8 (2%)	---	---	1 (5%)	1 (3%)	---	2 (4%)
• Hallucinogens	1 (0%)	---	---	---	---	---	---	---
• Other (unspecified)	---	2 (1%)	---	---	---	---	---	---
• Substance unknown	1 (0%)	2 (1%)	---	---	---	---	---	---
• None	8 (1%)	7 (2%)	---	---	---	---	---	1 (2%)

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	8	15	22	30	0	50
ABUSED SUBSTANCES (continued)								
Tertiary Substance								
• Tobacco	261 (36%)	123 (34%)	2 (25%)	2 (13%)	12 (55%)	9 (30%)	---	14 (28%)
• Alcohol	153 (21%)	58 (16%)	---	2 (13%)	2 (9%)	4 (13%)	---	5 (10%)
• Cocaine/crack	69 (10%)	46 (13%)	1 (13%)	2 (13%)	2 (9%)	5 (17%)	---	7 (14%)
• Marijuana	40 (6%)	28 (8%)	1 (13%)	1 (7%)	2 (9%)	5 (17%)	---	2 (4%)
• Benzodiazepines/ barbiturates/sedatives	40 (6%)	12 (3%)	1 (13%)	2 (13%)	1 (5%)	1 (3%)	---	2 (4%)
• Opiates/synthetics other than heroin/ methadone	17 (2%)	17 (5%)	1 (13%)	1 (7%)	---	3 (10%)	---	2 (4%)
• Amphetamines/ methamphetants	17 (2%)	8 (2%)	---	3 (20%)	1 (5%)	---	---	2 (4%)
• Prescribed methadone	12 (2%)	8 (2%)	1 (13%)	---	1 (5%)	---	---	7 (14%)
• Non-prescribed methadone	4 (1%)	4 (1%)	---	1 (7%)	---	---	---	1 (2%)
• Heroin	2 (0%)	---	---	---	---	---	---	---
• Inhalants	1 (0%)	---	---	---	---	---	---	---
• Over-the-counter drugs	---	1 (0%)	---	1 (7%)	---	---	---	---
• Other (unspecified)	---	3 (1%)	---	---	---	---	---	---
• Substance unknown	5 (1%)	2 (1%)	---	---	---	---	---	---
• None	105 (14%)	53 (15%)	1 (13%)	---	1 (5%)	3 (10%)	---	8 (16%)

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	8	15	22	30	0	50
SUBSTANCE ABUSE (Heroin Users Only)	(n=696)	(n=341)	(n=7)	(n=12)	(n=21)	(n=29)	---	(n=48)
Age at First Heroin Use (in years)								
• Mean	23.0	24.0	22.0	25.1	22.1	24.3	---	21.7
• Median	21	22	19	23	20	23	---	20
• Range	7 – 55	8 - 61	13 – 41	17 - 40	13 – 38	8 - 47	---	11 – 39
Frequency of Heroin Use at Admission								
• Daily	602 (86%)	308 (90%)	6 (86%)	12 (100%)	20 (95%)	29 (100%)	---	45 (94%)
• 3-6 times per week	13 (2%)	4 (1%)	---	---	---	---	---	---
• 1-2 times per week	12 (2%)	4 (1%)	---	---	---	---	---	1 (2%)
• 1-3 times in past month	28 (4%)	7 (2%)	---	---	---	---	---	---
• No use in past month	34 (5%)	14 (4%)	1 (14%)	---	---	---	---	1 (2%)
• Unknown	7 (1%)	4 (1%)	---	---	1 (5%)	---	---	1 (2%)

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	8	15	22	30	0	50
TREATMENT CHARACTERISTICS								
Funding Source • Public only • Mixed (public/private) • Private only	671 (92%) 55 (8%) ---	--- --- 363 (100%)	7 (88%) 1 (13%) ---	--- --- 15 (100%)	20 (91%) 2 (9%) ---	--- --- 30 (100%)	--- --- ---	--- --- 50 (100%)
Length of Treatment (Days) ³ • Mean • Median • Range	333.4 (11.0) 176 (5.8) 1 – 3511	399.2 (13.1) 183 (6.0) 1 - 5558	637.8 (21.0) 458.5 (15.1) 133 - 1823	138.9 (4.6) 100 (3.3) 6 – 493	277.0 (9.1) 86.5 (2.8) 1 - 3244	545.6 (17.9) 278 (9.1) 1 – 3298	--- --- ---	489.2 (16.1) 192 (6.3) 15 – 3726
Distribution of Length of Treatment • 1-30 days • 31-90 days • 91-364 days • 1 year to 3 years • Over 3 years	75 (10%) 100 (14%) 382 (53%) 119 (16%) 50 (7%)	31 (9%) 67 (18%) 152 (42%) 88 (24%) 25 (7%)	--- --- 3 (38%) 4 (50%) 1 (13%)	3 (20%) 4 (27%) 7 (47%) 1 (7%) ---	3 (14%) 9 (41%) 8 (36%) 1 (5%) 1 (5%)	3 (10%) 2 (7%) 12 (40%) 8 (27%) 5 (17%)	--- --- --- --- ---	2 (4%) 10 (20%) 20 (40%) 10 (20%) 8 (16%)
³ Corresponding number of months is noted in parentheses.								

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	73	35	126	48	40	(3)
PATIENT CHARACTERISTICS (at admission)								
Age								
• Mean	39.3	39.1	38.8	38.3	41.3	39.8	38.5	
• Median	40	39	39	39	42	40	39	
• Range	17 - 70	18 - 64	24 – 51	26 – 50	17 – 62	22 – 64	21 – 54	-
Gender								
• Male	369 (51%)	229 (63%)	25 (34%)	25 (71%)	63 (50%)	33 (69%)	23 (58%)	---
• Female	357 (49%)	134 (37%)	48 (66%)	10 (29%)	63 (50%)	15 (31%)	17 (43%)	---
Patient with Children Under Age 18 Living in Patient's Home ¹								
• Yes	152 (21%)	70 (19%)	25 (34%)	12 (34%)	32 (25%)	10 (21%)	7 (18%)	---
• No	573 (79%)	293 (81%)	48 (66%)	23 (66%)	94 (75%)	38 (79%)	33 (83%)	---
• Unknown	1 (0%)	---	---	---	---	---	---	---
Patient with Children Under Age 12 Living in Patient's Home ¹								
• Yes	128 (18%)	47 (13%)	22 (30%)	8 (23%)	24 (19%)	3 (6%)	4 (10%)	---
• No	598 (82%)	316 (87%)	51 (70%)	27 (77%)	102 (81%)	45 (94%)	36 (90%)	---
Patient with Children Under Age 18 ²								
• Yes	264 (36%)	139 (38%)	45 (62%)	19 (54%)	63 (50%)	19 (40%)	19 (48%)	---
• No	461 (63%)	224 (62%)	28 (38%)	16 (46%)	63 (50%)	29 (60%)	21 (53%)	---
• Unknown	1 (0%)	---	---	---	---	---	---	---
¹ Patient's children or other's children living in patient's home.								
² Patient's children living in patient's home or elsewhere or other's children living in patient's home								

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	73	35	126	48	40	(3)
PATIENT CHARACTERISTICS (continued)								
Race/Ethnicity								
• White (and not Spanish/ Hispanic ethnicity)	500 (69%)	305 (84%)	55 (75%)	27 (77%)	84 (67%)	41 (85%)	26 (65%)	---
• Black/African-American	132 (18%)	24 (7%)	7 (10%)	3 (9%)	28 (22%)	6 (13%)	6 (15%)	---
• Native American/ Alaskan Native								
• Native American	41 (6%)	12 (3%)	6 (8%)	2 (6%)	7 (6%)	---	4 (10%)	---
• Eskimo/Alaskan Native	5 (1%)	1 (0%)	---	---	2 (2%)	---	---	---
• Spanish/Hispanic								
• Mexican	12 (2%)	3 (1%)	1 (1%)	---	1 (1%)	---	1 (3%)	---
• Puerto Rican	2 (0%)	1 (0%)	1 (1%)	---	---	---	---	---
• Cuban	1 (0%)	1 (0%)	---	---	---	---	---	---
• Other Spanish/Hisp. ethnicity (unspec.)	16 (2%)	7 (2%)	3 (4%)	---	1 (1%)	1 (2%)	2 (5%)	---
• Asian/Pacific Islander								
• Filipino	3 (0%)	1 (0%)	---	---	---	---	---	---
• Japanese	1 (0%)	1 (0%)	---	---	1 (1%)	---	---	---
• Asian Indian	---	1 (0%)	---	1 (3%)	---	---	---	---
• Laotian	---	1 (0%)	---	---	---	---	---	---
• Other Asian/Pacific Islander (unspec.)	6 (1%)	4 (1%)	---	1 (3%)	---	---	---	---
• Other race (unspecified)	6 (1%)	1 (0%)	---	1 (3%)	2 (2%)	---	1 (3%)	---
• Unknown/Refused	1 (0%)	---	---	---	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) (page 10 of 28)								
	All Patients (Statewide)*		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	73	35	126	48	40	(3)
ABUSED SUBSTANCES (at admission)								
Primary Substance								
• Heroin	696 (96%)	341 (94%)	72 (99%)	32 (91%)	126 (100%)	48 (100%)	40 (100%)	---
• Opiates/synthetics other than heroin/ methadone	16 (2%)	10 (3%)	---	1 (3%)	---	---	---	---
• Prescribed methadone	4 (1%)	8 (2%)	1 (1%)	1 (3%)	---	---	---	---
• Alcohol	5 (1%)	2 (1%)	---	---	---	---	---	---
• Cocaine/crack	2 (0%)	1 (0%)	---	1 (3%)	---	---	---	---
• Benzodiazepines/ barbiturates/sedatives	2 (0%)	---	---	---	---	---	---	---
• Hallucinogens	1 (0%)	---	---	---	---	---	---	---
• Non-prescribed methadone	---	1 (0%)	---	---	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	73	35	126	48	40	(3)
ABUSED SUBSTANCES (continued)								
Secondary Substance								
• Cocaine/crack	363 (50%)	135 (37%)	46 (63%)	11 (31%)	66 (52%)	23 (48%)	21 (53%)	---
• Alcohol	108 (15%)	56 (15%)	8 (11%)	8 (23%)	20 (16%)	9 (19%)	4 (10%)	---
• Tobacco	97 (13%)	64 (18%)	4 (5%)	1 (3%)	13 (10%)	4 (8%)	3 (8%)	---
• Marijuana	43 (6%)	25 (7%)	5 (7%)	2 (6%)	12 (10%)	3 (6%)	10 (25%)	---
• Opiates/synthetics other than heroin/ methadone	40 (6%)	22 (6%)	4 (5%)	7 (20%)	6 (5%)	2 (4%)	1 (3%)	---
• Benzodiazepines/ barbiturates/sedatives	24 (3%)	12 (3%)	2 (3%)	3 (9%)	5 (4%)	2 (4%)	---	---
• Heroin	13 (2%)	14 (4%)	1 (1%)	2 (6%)	---	---	---	---
• Amphetamines/ methamphet./stimulant s	16 (2%)	8 (2%)	---	---	3 (2%)	1 (2%)	---	---
• Prescribed methadone	9 (1%)	8 (2%)	---	---	---	---	---	---
• Non-prescribed methadone	3 (0%)	8 (2%)	2 (3%)	1 (3%)	---	1 (2%)	---	---
• Hallucinogens	1 (0%)	---	---	---	---	---	1 (3%)	---
• Other (unspecified)	---	2 (1%)	---	---	---	2 (4%)	---	---
• Substance unknown	1 (0%)	2 (1%)	---	---	---	1 (2%)	---	---
• None	8 (1%)	7 (2%)	1 (1%)	---	1 (1%)	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	73	35	126	48	40	(3)
ABUSED SUBSTANCES (continued)								
Tertiary Substance								
• Tobacco	261 (36%)	123 (34%)	22 (30%)	9 (26%)	53 (42%)	20 (42%)	18 (45%)	---
• Alcohol	153 (21%)	58 (16%)	21 (29%)	6 (17%)	19 (15%)	8 (17%)	6 (15%)	---
• Cocaine/crack	69 (10%)	46 (13%)	9 (12%)	6 (17%)	9 (7%)	6 (13%)	3 (8%)	---
• Marijuana	40 (6%)	28 (8%)	7 (10%)	5 (14%)	9 (7%)	4 (8%)	3 (8%)	---
• Benzodiazepines/ barbiturates/sedatives	40 (6%)	12 (3%)	5 (7%)	1 (3%)	8 (6%)	1 (2%)	1 (3%)	---
• Opiates/synthetics other than heroin/ methadone	17 (2%)	17 (5%)	2 (3%)	3 (9%)	5 (4%)	2 (4%)	1 (3%)	---
• Amphetamines/ methamphetants	17 (2%)	8 (2%)	1 (1%)	1 (3%)	5 (4%)	---	2 (5%)	---
• Prescribed methadone	12 (2%)	8 (2%)	---	---	---	---	---	---
• Non-prescribed methadone	4 (1%)	4 (1%)	---	---	---	---	---	---
• Heroin	2 (0%)	---	---	---	---	---	---	---
• Inhalants	1 (0%)	---	---	---	---	---	---	---
• Over-the-counter drugs	---	1 (0%)	---	---	---	---	---	---
• Other (unspecified)	---	3 (1%)	---	1 (3%)	---	2 (4%)	---	---
• Substance unknown	5 (1%)	2 (1%)	2 (3%)	---	1 (1%)	---	---	---
• None	105 (14%)	53 (15%)	4 (5%)	3 (9%)	17 (13%)	5 (10%)	6 (15%)	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	73	35	126	48	40	(3)
SUBSTANCE ABUSE (Heroin Users Only)	(n=696)	(n=341)	(n=72)	(n=32)	(n=126)	(n=48)	(n=40)	---
Age at First Heroin Use (in years)								
• Mean	23.0	24.0	24.9	23.3	24.0	24.7	24.7	---
• Median	21	22	24	22	22	22	23	---
• Range	7 – 55	8 - 61	13 – 47	15 – 42	11 – 53	13 - 52	12 - 45	---
Frequency of Heroin Use at Admission								
• Daily	602 (86%)	308 (90%)	47 (65%)	24 (75%)	102 (81%)	41 (85%)	23 (58%)	---
• 3-6 times per week	13 (2%)	4 (1%)	4 (6%)	1 (3%)	8 (6%)	2 (4%)	1 (3%)	---
• 1-2 times per week	12 (2%)	4 (1%)	5 (7%)	1 (3%)	1 (1%)	2 (4%)	4 (10%)	---
• 1-3 times in past month	28 (4%)	7 (2%)	7 (10%)	1 (3%)	7 (6%)	2 (4%)	6 (15%)	---
• No use in past month	34 (5%)	14 (4%)	9 (13%)	4 (13%)	5 (4%)	1 (2%)	4 (10%)	---
• Unknown	7 (1%)	4 (1%)	---	1 (3%)	3 (2%)	---	2 (5%)	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)								
	All Patients (Statewide)*		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	73	35	126	48	40	(3)
TREATMENT CHARACTERISTICS								
Funding Source								
• Public only	671 (92%)	---	63 (86%)	---	117 (93%)	---	40 (100%)	---
• Mixed	55 (8%)	---	10 (14%)	---	9 (7%)	---	---	---
(public/private)	---	363	---	35	---	48	---	---
• Private only		(100%)		(100%)		(100%)		
Length of Treatment (in Days/Months) ³								
• Mean	333.4 (11.0)	399.2 (13.1)	399.6 (13.1)	408.4 (13.4)	308.2 (10.1)	309.8 (10.2)	152.7 (5.0)	---
• Median	176 (5.8)	183 (6.0)	180 (5.9)	322 (10.6)	169.5 (5.6)	195 (6.4)	155 (5.1)	---
• Range	1 – 3511	1 - 5558	9 – 2934	36 – 1089	5 – 1774	9 – 1377	4 - 338	---
Distribution of Length of Treatment								
• 1 - 30 days	75 (10%)	31 (9%)	6 (8%)	---	15 (12%)	3 (6%)	4 (10%)	---
• 31 - 90 days	100	67 (18%)	5 (7%)	5 (14%)	25 (20%)	4 (8%)	4 (10%)	---
• 91 - 365 days	(14%)	152	38 (52%)	15 (43%)	61 (48%)	30 (63%)	32 (80%)	---
• 1 year to 3 years	382	(42%)	16 (22%)	15 (43%)	17 (13%)	10 (21%)	---	---
• Over 3 years	(53%)	88 (24%)	8 (11%)	---	8 (6%)	1 (2%)	---	---
	119	25 (7%)						
	(16%)							
	50 (7%)							
³ Corresponding number of months is noted in parentheses.								

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)						
	All Patients (Statewide)*		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	726	363	12	11	30	21
PATIENT CHARACTERISTICS (at admission)						
Age						
• Mean	39.3	39.1	33.3	42.1	38.7	41.3
• Median	40	39	37	41	38.5	43
• Range	17 - 70	18 - 64	18 - 45	28 - 63	27 - 59	25 - 51
Gender						
• Male	369 (51%)	229 (63%)	7 (58%)	8 (73%)	5 (17%)	11 (52%)
• Female	357 (49%)	134 (37%)	5 (42%)	3 (27%)	25 (83%)	10 (48%)
Patient with Children Under Age 18 Living in Patient's Home ¹						
• Yes	152 (21%)	70 (19%)	7 (58%)	1 (9%)	11 (37%)	4 (19%)
• No	573 (79%)	293 (81%)	5 (42%)	10 (91%)	19 (63%)	17 (81%)
• Unknown	1 (0%)	---	---	---	---	---
Patient with Children Under Age 12 Living in Patient's Home ¹						
• Yes	128 (18%)	47 (13%)	6 (50%)	1 (9%)	11 (37%)	4 (19%)
• No	598 (82%)	316 (87%)	6 (50%)	10 (91%)	19 (63%)	17 (81%)
Patient with Children Under Age 18 ²						
• Yes	264 (36%)	139 (38%)	10 (83%)	6 (55%)	16 (53%)	7 (33%)
• No	461 (63%)	224 (62%)	2 (17%)	5 (45%)	14 (47%)	14 (67%)
• Unknown	1 (0%)	---	---	---	---	---
¹ Patient's children or other's children living in patient's home.						
² Patient's children living in patient's home or elsewhere or other's children living in patient's home						

Table 1. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)

	All Patients (Statewide)*		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	12	11	30	21
PATIENT CHARACTERISTICS (continued)						
Race/Ethnicity						
• White (and not Spanish/ Hispanic ethnicity)	500 (69%)	305 (84%)	9 (75%)	9 (82%)	19 (63%)	12 (57%)
• Black/African-American	132 (18%)	24 (7%)	1 (8%)	---	7 (23%)	2 (10%)
• Native American/ Alaskan Native	41 (6%)	12 (3%)	---	---	2 (7%)	4 (19%)
• Native American	5 (1%)	1 (0%)	---	---	---	---
• Eskimo/Alaskan Native						
• Spanish/Hispanic						
• Mexican	12 (2%)	3 (1%)	1 (8%)	1 (9%)	1 (3%)	---
• Puerto Rican	2 (0%)	1 (0%)	---	---	---	---
• Cuban	1 (0%)	1 (0%)	---	1 (9%)	---	---
• Other Spanish/Hisp. ethnicity (unspec.)	16 (2%)	7 (2%)	1 (8%)	---	---	2 (10%)
• Asian/Pacific Islander						
• Filipino	3 (0%)	1 (0%)	---	---	---	---
• Japanese	1 (0%)	1 (0%)	---	---	---	---
• Asian Indian	---	1 (0%)	---	---	---	---
• Laotian	---	1 (0%)	---	---	---	---
• Other Asian/Pacific Islander (unspec.)	6 (1%)	4 (1%)	---	---	---	1 (5%)
• Other race (unspecified)	6 (1%)	1 (0%)	---	---	---	---
• Unknown/Refused	1 (0%)	---	---	---	1 (3%)	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)						
	All Patients (Statewide)*		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	12	11	30	21
ABUSED SUBSTANCES (at admission)						
Primary Substance						
• Heroin	696 (96%)	341 (94%)	12 (100%)	11 (100%)	30 (100%)	21 (100%)
• Opiates/synthetics other than heroin/ methadone	16 (2%)	10 (3%)	---	---	---	---
• Prescribed methadone	4 (1%)	8 (2%)	---	---	---	---
• Alcohol	5 (1%)	2 (1%)	---	---	---	---
• Cocaine/crack	2 (0%)	1 (0%)	---	---	---	---
• Benzodiazepines/ barbiturates/sedatives	2 (0%)	---	---	---	---	---
• Hallucinogens	1 (0%)	---	---	---	---	---
• Non-prescribed methadone	---	1 (0%)	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)						
	All Patients (Statewide)*		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	12	11	30	21
ABUSED SUBSTANCES (continued)						
Secondary Substance						
• Cocaine/crack	363 (50%)	135 (37%)	5 (42%)	2 (18%)	14 (47%)	8 (38%)
• Alcohol	108 (15%)	56 (15%)	---	2 (18%)	3 (10%)	2 (10%)
• Tobacco	97 (13%)	64 (18%)	2 (17%)	1 (9%)	4 (13%)	5 (24%)
• Marijuana	43 (6%)	25 (7%)	2 (17%)	---	---	2 (10%)
• Opiates/synthetics other than heroin/ methadone	40 (6%)	22 (6%)	1 (8%)	3 (27%)	1 (3%)	3 (14%)
• Benzodiazepines/ barbiturates/sedatives	24 (3%)	12 (3%)	---	1 (9%)	3 (10%)	---
• Heroin	13 (2%)	14 (4%)	---	---	---	---
• Amphetamines/ methamphet./stimulants	16 (2%)	8 (2%)	2 (17%)	1 (9%)	2 (7%)	---
• Prescribed methadone	9 (1%)	8 (2%)	---	---	---	---
• Non-prescribed methadone	3 (0%)	8 (2%)	---	---	---	1 (5%)
• Hallucinogens	1 (0%)	---	---	---	---	---
• Other (unspecified)	---	2 (1%)	---	---	---	---
• Substance unknown	1 (0%)	2 (1%)	---	---	1 (3%)	---
• None	8 (1%)	7 (2%)	---	1 (9%)	2 (7%)	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)

	All Patients (Statewide)*		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	12	11	30	21
ABUSED SUBSTANCES (continued)						
Tertiary Substance						
• Tobacco	261 (36%)	123 (34%)	5 (42%)	5 (45%)	5 (17%)	6 (29%)
• Alcohol	153 (21%)	58 (16%)	3 (25%)	3 (27%)	3 (10%)	2 (10%)
• Cocaine/crack	69 (10%)	46 (13%)	1 (8%)	2 (18%)	1 (3%)	1 (5%)
• Marijuana	40 (6%)	28 (8%)	---	---	3 (10%)	4 (19%)
• Benzodiazepines/ barbiturates/sedatives	40 (6%)	12 (3%)	2 (17%)	---	2 (7%)	2 (10%)
• Opiates/synthetics other than heroin/ methadone	17 (2%)	17 (5%)	---	---	---	1 (5%)
• Amphetamines/ methamphet./stimulants	17 (2%)	8 (2%)	1 (8%)	---	2 (7%)	---
• Prescribed methadone	12 (2%)	8 (2%)	---	---	---	---
• Non-prescribed methadone	4 (1%)	4 (1%)	---	---	---	---
• Heroin	2 (0%)	---	---	---	---	---
• Inhalants	1 (0%)	---	---	---	---	---
• Over-the-counter drugs	---	1 (0%)	---	---	---	---
• Other (unspecified)	---	3 (1%)	---	---	---	---
• Substance unknown	5 (1%)	2 (1%)	---	---	2 (7%)	1 (5%)
• None	105 (14%)	53 (15%)	---	1 (9%)	12 (40%)	4 (19%)

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)

	All Patients (Statewide)*		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	12	11	30	21
SUBSTANCE ABUSE (Heroin Users Only)	(n=696)	(n=341)	(n=12)	(n=11)	(n=30)	(n=21)
Age at First Heroin Use (in years)						
• Mean	23.0	24.0	24.7	31.8	23.8	24.0
• Median	21	22	23	27	23	25
• Range	7 – 55	8 - 61	15 – 35	19 – 61	14 – 41	12 - 35
Frequency of Heroin Use at Admission						
• Daily	602 (86%)	308 (90%)	11 (92%)	11 (100%)	27 (90%)	18 (86%)
• 3-6 times per week	13 (2%)	4 (1%)	---	---	---	---
• 1-2 times per week	12 (2%)	4 (1%)	---	---	---	---
• 1-3 times in past month	28 (4%)	7 (2%)	---	---	---	2 (10%)
• No use in past month	34 (5%)	14 (4%)	---	---	2 (7%)	1 (5%)
• Unknown	7 (1%)	4 (1%)	1 (8%)	---	1 (3%)	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)						
	All Patients (Statewide)*		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	12	11	30	21
TREATMENT CHARACTERISTICS						
Funding Source • Public only • Mixed (public/private) • Private only	671 (92%) 55 (8%) ---	--- --- 363 (100%)	12 (100%) --- ---	--- --- 11 (100%)	30 (100%) --- ---	--- --- 21 (100%)
Length of Treatment (in Days/Months) ³ • Mean • Median • Range	333.4 (11.0) 176 (5.8) 1 – 3511	399.2 (13.1) 183 (6.0) 1 - 5558	539.5 (17.7) 302 (9.9) 46 – 2057	340.1 (11.2) 244 (8.0) 15 - 946	384.9 (12.6) 191 (6.3) 1 – 3511	408.4 (13.4) 233 (7.7) 25 – 2428
Distribution of Length of Treatment • 1 - 30 days • 31 - 90 days • 91 - 365 days • 1 year to 3 years • Over 3 years	75 (10%) 100 (14%) 382 (53%) 119 (16%) 50 (7%)	31 (9%) 67 (18%) 152 (42%) 88 (24%) 25 (7%)	--- 2 (17%) 6 (50%) 3 (25%) 1 (8%)	1 (9%) 1 (9%) 5 (45%) 4 (36%) ---	2 (7%) 3 (10%) 18 (60%) 4 (13%) 3 (10%)	3 (14%) 1 (5%) 10 (48%) 5 (24%) 2 (10%)
³ Corresponding number of months is noted in parentheses.						

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)						
	All Patients (Statewide)*		THS - Midvale		THS – Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	175	87	240	63
PATIENT CHARACTERISTICS (at admission)						
Age						
• Mean	39.3	39.1	38.5	38.5	39.4	37.8
• Median	40	39	39	38	40	37
• Range	17 - 70	18 - 64	18 – 67	18 – 56	17 – 70	21 – 59
Gender						
• Male	369 (51%)	229 (63%)	92 (53%)	55 (63%)	141 (59%)	45 (71%)
• Female	357 (49%)	134 (37%)	83 (47%)	32 (37%)	99 (41%)	18 (29%)
Patient with Children Under Age 18 Living in Patient's Home ¹						
• Yes	152 (21%)	70 (19%)	48 (27%)	21 (24%)	13 (5%)	4 (6%)
• No	573 (79%)	293 (81%)	126 (72%)	66 (76%)	227 (95%)	59 (94%)
• Unknown	1 (0%)	---	1 (1%)	---	---	---
Patient with Children Under Age 12 Living in Patient's Home ¹						
• Yes	128 (18%)	47 (13%)	39 (22%)	16 (18%)	13 (5%)	3 (5%)
• No	598 (82%)	316 (87%)	136 (78%)	71 (82%)	227 (95%)	60 (95%)
Patient with Children Under Age 18 ²						
• Yes	264 (36%)	139 (38%)	78 (45%)	38 (44%)	17 (7%)	7 (11%)
• No	461 (63%)	224 (62%)	96 (55%)	49 (56%)	223 (93%)	56 (89%)
• Unknown	1 (0%)	---	1 (1%)	---	---	---
¹ Patient's children or other's children living in patient's home.						
² Patient's children living in patient's home or elsewhere or other's children living in patient's home						

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)

	All Patients (Statewide)*		THS - Midvale		THS – Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	175	87	240	63
PATIENT CHARACTERISTICS (continued)						
Race/Ethnicity						
• White (and not Spanish/ Hispanic ethnicity)	500 (69%)	305 (84%)	135 (77%)	79 (91%)	146 (61%)	56 (89%)
• Black/African-American	132 (18%)	24 (7%)	15 (9%)	3 (3%)	67 (28%)	5 (8%)
• Native American/ Alaskan Native	41 (6%)	12 (3%)	8 (5%)	3 (3%)	13 (5%)	---
• Native American	5 (1%)	1 (0%)	1 (1%)	1 (1%)	2 (1%)	---
• Eskimo/Alaskan Native						
• Spanish/Hispanic						
• Mexican	12 (2%)	3 (1%)	5 (3%)	---	2 (1%)	---
• Puerto Rican	2 (0%)	1 (0%)	1 (1%)	1 (1%)	---	---
• Cuban	1 (0%)	1 (0%)	---	---	1 (0%)	---
• Other Spanish/Hisp. ethnicity (unspec.)	16 (2%)	7 (2%)	6 (3%)	---	2 (1%)	---
• Asian/Pacific Islander						
• Filipino	3 (0%)	1 (0%)	2 (1%)	---	1 (0%)	1 (2%)
• Japanese	1 (0%)	1 (0%)	---	---	---	---
• Asian Indian	---	1 (0%)	---	---	---	---
• Laotian	---	1 (0%)	---	---	---	1 (2%)
• Other Asian/Pacific Islander (unspec.)	6 (1%)	4 (1%)	1 (1%)	---	4 (2%)	---
• Other race (unspecified)	6 (1%)	1 (0%)	1 (1%)	---	2 (1%)	---
• Unknown/Refused	1 (0%)	---	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)						
	All Patients (Statewide)*		THS - Midvale		THS – Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	175	87	240	63
ABUSED SUBSTANCES (at admission)						
Primary Substance						
• Heroin	696 (96%)	341 (94%)	167 (95%)	78 (90%)	221 (92%)	59 (94%)
• Opiates/synthetics other than heroin/ methadone	16 (2%)	10 (3%)	8 (5%)	5 (6%)	7 (3%)	1 (2%)
• Prescribed methadone	4 (1%)	8 (2%)	---	4 (5%)	3 (1%)	1 (2%)
• Alcohol	5 (1%)	2 (1%)	---	---	5 (2%)	2 (3%)
• Cocaine/crack	2 (0%)	1 (0%)	---	---	2 (1%)	---
• Benzodiazepines/ barbiturates/sedatives	2 (0%)	---	---	---	2 (1%)	---
• Hallucinogens	1 (0%)	---	---	---	---	---
• Non-prescribed methadone	---	1 (0%)	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)

	All Patients (Statewide)*		THS – Midvale		THS – Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	175	87	240	63
ABUSED SUBSTANCES (continued)						
Secondary Substance						
• Cocaine/crack	363 (50%)	135 (37%)	61 (35%)	35 (40%)	139 (58%)	25 (40%)
• Alcohol	108 (15%)	56 (15%)	37 (21%)	17 (20%)	34 (14%)	13 (21%)
• Tobacco	97 (13%)	64 (18%)	34 (19%)	15 (17%)	31 (13%)	14 (22%)
• Marijuana	43 (6%)	25 (7%)	9 (5%)	6 (7%)	3 (1%)	2 (3%)
• Opiates/synthetics other than heroin/ methadone	40 (6%)	22 (6%)	19 (11%)	1 (1%)	3 (1%)	1 (2%)
• Benzodiazepines/ barbiturates/sedatives	24 (3%)	12 (3%)	2 (1%)	---	10 (4%)	2 (3%)
• Heroin	13 (2%)	14 (4%)	2 (1%)	6 (7%)	10 (4%)	1 (2%)
• Amphetamines/ methamphet./stimulants	16 (2%)	8 (2%)	4 (2%)	1 (1%)	4 (2%)	---
• Prescribed methadone	9 (1%)	8 (2%)	6 (3%)	3 (3%)	3 (1%)	---
• Non-prescribed methadone	3 (0%)	8 (2%)	---	2 (2%)	---	---
• Hallucinogens	1 (0%)	---	---	---	---	---
• Other (unspecified)	---	2 (1%)	---	---	---	---
• Substance unknown	1 (0%)	2 (1%)	---	1 (1%)	---	---
• None	8 (1%)	7 (2%)	1 (1%)	---	3 (1%)	5 (8%)

Table3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)						
	All Patients (Statewide)*		THS - Midvale		THS - Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	175	87	240	63
ABUSED SUBSTANCES (continued)						
Tertiary Substance						
• Tobacco	261 (36%)	123 (34%)	56 (32%)	31 (36%)	88 (37%)	25 (40%)
• Alcohol	153 (21%)	58 (16%)	37 (21%)	16 (18%)	62 (26%)	11 (17%)
• Cocaine/crack	69 (10%)	46 (13%)	24 (14%)	12 (14%)	19 (8%)	5 (8%)
• Marijuana	40 (6%)	28 (8%)	8 (5%)	4 (5%)	7 (3%)	3 (5%)
• Benzodiazepines/ barbiturates/sedatives	40 (6%)	12 (3%)	8 (5%)	2 (2%)	12 (5%)	1 (2%)
• Opiates/synthetics other than heroin/ methadone	17 (2%)	17 (5%)	6 (3%)	4 (5%)	2 (1%)	1 (2%)
• Amphetamines/ methamphet./stimulants	17 (2%)	8 (2%)	3 (2%)	2 (2%)	2 (1%)	---
• Prescribed methadone	12 (2%)	8 (2%)	9 (5%)	1 (1%)	1 (0%)	---
• Non-prescribed methadone	4 (1%)	4 (1%)	4 (2%)	1 (1%)	---	1 (2%)
• Heroin	2 (0%)	---	---	---	2 (1%)	---
• Inhalants	1 (0%)	---	---	---	1 (0%)	---
• Over-the-counter drugs	---	1 (0%)	---	---	---	---
• Other (unspecified)	---	3 (1%)	---	---	---	---
• Substance unknown	5 (1%)	2 (1%)	---	1 (1%)	---	---
• None	105 (14%)	53 (15%)	20 (11%)	13 (15%)	44 (18%)	16 (25%)

Table3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)						
	All Patients (Statewide)*		THS - Midvale		THS - Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	175	87	240	63
SUBSTANCE ABUSE (Heroin Users Only)	(n=696)	(n=341)	(n=167)	(n=78)	(n=221)	(n=59)
Age at First Heroin Use (in years)						
• Mean	23.0	24.0	22.7	24.6	21.7	22.8
• Median	21	22	20	23.5	19	22
• Range	7 – 55	8 - 61	12 - 55	12 - 51	7 - 48	10 - 42
Frequency of Heroin Use at Admission						
• Daily	602 (86%)	308 (90%)	157 (94%)	74 (95%)	209 (95%)	54 (92%)
• 3-6 times per week	13 (2%)	4 (1%)	---	---	---	1 (2%)
• 1-2 times per week	12 (2%)	4 (1%)	1 (1%)	---	1 (0%)	---
• 1-3 times in past month	28 (4%)	7 (2%)	2 (1%)	2 (3%)	6 (3%)	---
• No use in past month	34 (5%)	14 (4%)	7 (4%)	2 (3%)	5 (2%)	2 (3%)
• Unknown	7 (1%)	4 (1%)	---	---	---	2 (3%)

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)						
	All Patients (Statewide)*		THS - Midvale		THS - Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private-Pay Patients
Number of Cases	726	363	175	87	240	63
TREATMENT CHARACTERISTICS						
Funding Source • Public only • Mixed (public/private) • Private only	671 (92%) 55 (8%) ---	--- --- 363 (100%)	152 (87%) 23 (13%) ---	--- --- 87 (100%)	230 (96%) 10 (4%) ---	--- --- 63 (100%)
Length of Treatment (in Days/Months) ³ • Mean • Median • Range	333.4 (11.0) 176 (5.8) 1 – 3511	399.2 (13.1) 183 (6.0) 1 - 5558	414.9 (13.6) 202 (6.6) 6 - 3200	273.6 (9.0) 93 (3.1) 5 – 3678	275.5 (9.1) 167.5 (5.5) 1 – 2757	571.7 (18.8) 271 (8.9) 1 – 5558
Distribution of Length of Treatment • 1 - 30 days • 31 - 90 days • 91 - 365 days • 1 year to 3 years • Over 3 years	75 (10%) 100 (14%) 383 (53%) 118 (16%) 50 (7%)	31 (9%) 67 (18%) 152 (42%) 88 (24%) 25 (7%)	18 (10%) 23 (13%) 82 (47%) 34 (19%) 18 (10%)	11 (13%) 31 (36%) 29 (33%) 11 (13%) 5 (6%)	27 (11%) 29 (12%) 135 (56%) 39 (16%) 10 (4%)	5 (8%) 9 (14%) 21 (33%) 24 (38%) 4 (6%)
³ Corresponding number of months is noted in parentheses.						

